

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90034 020 ***150.00

DOCUMENT # P00000068327	
1. Entity Name PARKER PACKAGING, INC.	



Principal Place of Business 7715 PROGRESS CIRCLE MELBOURNE, FL 32904	Mailing Address 7715 PROGRESS CIRCLE MELBOURNE, FL 32904
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40071731



2. Principal Place of Business - No P.O. Box # 295 North Drive	3. Mailing Address 295 North Drive
Suite, Apt. #, etc. Suite A	Suite, Apt. #, etc. Suite A
City & State Melbourne, FL	City & State Melbourne, FL
Zip 32934	Zip 32934
Country USA	Country USA

04102008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3659735	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PARKER, CHARLES 7715 PROGRESS CIRCLE MELBOURNE, FL 32904	7. Name and Address of New Registered Agent Name Charles Parker Street Address (P.O. Box Number is Not Acceptable) 295 North Drive Suite A City Melbourne FL Zip Code 32934
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARKER, CHARLES 5940 RUSACK DR. MELBOURNE, FL 32940 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #